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- Pentagon Revises Smallpox Vaccination Policy
- The Blue in the Green: Navy Corpsmen Care for Injured Sailors, Marines at Army Medical Center
- Fleet Hospital 8 Opens Larger Hospital
- New HIPAA Privacy Standards Now In Place
- Fleet Hospital 3 Changes Navy Medicine
- First Person: Hospital Corpsman 2nd Class Eric John Horsey
- Healthwatch: Take Action to Reduce Your Risk of Cancer

Pentagon Revises Smallpox Vaccination Policy

From American Forces Press Service

WASHINGTON - DoD is taking a watchful approach to its smallpox vaccination program after the Centers for Disease Control and Prevention (CDC) in Atlanta reported investigating whether a sequence of cardiac deaths was associated with the vaccine.

The government has suggested that anyone with certain heart-related risk factors not take the vaccine. It continues to examine several suspected cases, including that of a 55-year-old National Guardsman who died of a heart attack five days after receiving the smallpox vaccine.

Following the CDC's recommendation, Col. John Grabenstein, deputy director for military vaccines for the Army's surgeon general, said the Defense Department is revising its policy for some 500,000 military personnel whom it plans to vaccinate against smallpox.

The military has medically screened vaccine recipients since the program's beginning, Grabenstein said. He noted DoD would now take an even closer look at risk factors such as tobacco use, high blood pressure, high cholesterol, diabetes and family history of heart disease before giving the vaccine.

"People with three or more of those conditions would be exempted," he said. Grabenstein cautioned anyone - vaccinated or not - to seek healthcare if they experience chest pain or shortness of breath with exertion.

Military personnel currently receiving the smallpox vaccine are those deployed or deploying to the Central Command area of operation; those who would go into a smallpox outbreak area to help control the disease; and healthcare workers at DoD hospitals and clinics who would treat smallpox patients.

Grabenstein said there is no plan to vaccinate everyone in the military at this time. "It's a pretty focused and targeted program," he noted.

Even with the public concern over the safety of vaccine, he said the recent deaths seem to be in

proportion with usual rates of death.

"The evidence that we have so far shows that these are not linked in a cause and effect way," Grabenstein explained. "The deaths seem to be just the natural level of heart attacks that occur among unvaccinated people. But the investigation is not finished, and to be on the safe side, this extra precaution is being taken," he added.

More than 350,000 service members have been vaccinated, with "the expected number of post-vaccination symptoms and few serious reactions," he said.

"Lots of people had itching at the vaccination site and swollen lymph nodes under the arms, which are fairly common," Grabenstein said. "In terms of serious reactions we've had few, in fact fewer than we would have expected looking at the historical figures. We're pleased with the success of the program."

On Dec. 13, 2002, President Bush announced a nationwide smallpox vaccination plan out of concern that bioterrorists could use the germ that causes the smallpox disease as an agent to attack the United States. Although smallpox was eradicated in 1980, the germ was kept in two laboratories in the United States and the former Soviet Union for study. Whether the germ is in other locations is unknown.

The Blue in the Green: Navy Corpsmen Care for Injured
Sailors, Marines at Army Medical Center

By Journalist 1st Class Joseph Kane, Naval Support
Activity Naples, Italy Public Affairs

NAPLES, Italy - It was supposed to be a quiet job. A few Sailors at a time would be flown up to the Landstuhl Regional Medical Center (LRMC) in Landstuhl, Germany, for treatment of medical problems that couldn't be handled at smaller hospitals in Rota, Naples or various other European medical facilities.

As one of only two Navy people in an Army hospital, Chief Hospital Corpsman Mario Tuliao said workdays were pretty routine at the LRMC Navy Liaison Office. That was before the start of Operation Enduring Freedom and continuing on with Operation Iraqi Freedom.

"Our job is to assist Navy and Marine Corps personnel who come to the hospital for treatment," Tuliao said. "What we do is take the patients that come in on the medical evacuation flights from downrange, and while they are getting treatment, we help with all the administrative things that have to happen."

Tuliao is assisted in this task by Hospital Corpsman 1st Class Glenn Bonifacio, who used to work normal eight-hour days but now averages about 12 to 14 hours a day. Bonifacio said they had two Sailors so far who were injured in Operation Iraqi Freedom, but they

also keep busy processing injured Marines who come through.

"Right now, we have around 64 Marines that we're processing," Bonifacio said. "When they first come in on the medical evacuation flight, they are met by the LRMC hospital staff, and they go through triage to find out what they are going to need medically. After that, they get hooked up with us, and we help them with whatever they need in the way of comfort items, contacting their family, transportation if they are outpatients, and if needed, we get them a billet in the barracks here until they are ready to be transported to wherever they are going next."

Some of the wounded will transfer to other medical facilities in the United States for further treatment, and some of them will be treated and then sent back to their units, wherever they might be.

"It's different for every person," Tuliao said. "They could be going on convalescent leave, or a variety of other places depending on their situation. We help with their orders and anything else they need while they are here, and we just try to make the whole thing easier for them. They have enough to worry about just dealing with whatever medical condition landed them here in the first place."

Tuliao said that it is sometimes difficult to see how some of the Sailors and Marines have been injured,

but that most of them manage to keep in good spirits and often try to transfer back to their units rather than asking to go to the United States.

"That's really why we are here," Tuliao said. "It wouldn't be right to complain about working a few extra hours when you see what some of these guys have been through. So we just try to do our part."

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Fleet Hospital 8 Opens Larger Hospital

By Journalist Chief (SW) Dan Smithyman, Naval Station
Rota, Spain Public Affairs

ROTA, Spain - Fleet Hospital (FH) 8, currently deployed to Naval Station (NAVSTA), Rota, Spain, continues to receive more casualties from Operations Enduring Freedom and Iraqi Freedom while new staff members construct a larger 250-bed field hospital.

The Bremerton, Wash.-based FH-8 initially built a 116-bed facility that opened for business Feb. 24 to handle combat casualties, but military officials believed it sensible to expand the hospital's capabilities as more casualties arrive.

"In a war, there are going to be casualties," said Capt. Pat Kelly, commanding officer of the hospital. "We're preparing to have more, which is just prudent."

As of April 9, 158 members of the American military

have been treated at this field hospital. The hospital has seen 67 combat wounded from Operation Enduring Freedom and Operation Iraqi Freedom since the hospital began taking wounded March 26, when five combat wounded and two non-combat wounded were taken to NAVSTA Rota, Spain, from medical facilities located in Kuwait.

The new hospital, built of the same type modular tent units as the 116-bed, has 18 wings and covers more than 36,000 square feet. It also includes three operating rooms, seven wards and four intensive care units. The entire hospital compound, including living spaces for the staff, dining facility and support areas covers 42 acres.

Wounded were transferred from the 116-bed hospital facility to the brand new 250-bed hospital April 9.

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New HIPAA Privacy Standards Now In Place

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The Department of Defense (DoD) Military Health System (MHS) has always had privacy standards in place to limit unauthorized access and disclosure of personal health information. Starting April 14, a new federal law, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, creates standard safeguards to protect

the privacy and confidentiality of personal health care information. The MHS and all other U. S. hospitals, providers and health care organizations are required to implement the new privacy standards.

Under HIPAA, the MHS is required to notify all TRICARE beneficiaries of their enhanced privacy rights. During the period of December 2002 to March 2003, DoD mailed approximately 5 million MHS Notice of Privacy Practices (NoPP) to the home of every active duty and retired military sponsor and family member enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

As a result of the new privacy legislation, health information may only be disclosed for treatment, payment, and health care operations to include: scheduling appointments, billing patients, quality assurance activities and provider-to-provider referrals. Health information will not be shared with outside sources for marketing, research or any other purpose without the beneficiary's written consent.

"In the past, we always had policies and procedures in place to safeguard the personal health information of TRICARE beneficiaries from unauthorized use and disclosure," said Cmdr. Sam Jenkins, Medical Service Corps, HIPAA privacy project officer, TRICARE Management Activity (TMA). "HIPAA requires that we not only inform beneficiaries of their privacy rights, but requires that

we also make sure they understand their rights and the responsibility the MHS has to protect their privacy."

The privacy notice provides beneficiaries with clear guidance on how the MTFs will safeguard their personal health information from unauthorized access or disclosure. The notice also advises TRICARE beneficiaries of their rights to know when and to whom their medical information may have been disclosed; request access to, or receive a copy of their health information on file at the MTF; request an amendment to correct erroneous information on file; and finally, file a grievance with the MTF or TMA HIPAA privacy officer regarding any privacy concern they may have.

During their next scheduled medical appointment at the MTF, sponsors and family members will be asked by MTF staff to acknowledge receipt of the MHS privacy notice. Any beneficiary who has not yet received a privacy notice will be issued one during this visit. Sponsors and family members also have the option of declining to sign the acknowledgement. All eligible beneficiaries -- whether they acknowledge receipt of the privacy notice or not -- may still receive care at the MTF.

Each MTF has an assigned trained privacy officer who is available to respond to any questions or concerns beneficiaries may have regarding the new privacy rules. The privacy officers also serve as patient advocates to

ensure that personal health information maintained by the MTF remains protected yet accessible to beneficiaries and their providers.

A copy of the MHS NoPP is available on the TRICARE Web site for sponsors and family members to download if they did not previously receive a copy in the mail. Copies are also available for distribution at each DoD MTF. Additional information on HIPAA, TRICARE and the new privacy standards is available on the TRICARE Web site at www.tricare.osd.mil/hipaa.

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Fleet Hospital 3 Changes Navy Medicine

By Chief Journalist Al Bloom, Naval Hospital Pensacola
Public Affairs

SOUTHERN IRAQ - The responsibility of providing casualty care during Operation Iraqi Freedom has taken on a new look. While care is still delivered in the traditional manner by battlefield corpsmen and field surgery units, the men and women of Fleet Hospital (FH) 3 recently added to the lifesaving capabilities of Navy Medicine by constructing the Navy's first Expeditionary Medical Facility (EMF) in a war zone.

"I am truly impressed with the way the Fleet Hospital has come together here," said Commanding General, First Force Service Support Group (1st FSSG)

Brig. Gen. E.G. Usher shortly after FH-3 started seeing patients. "The teamwork displayed to get this great facility up and running and operationally capable, while almost simultaneously starting to see patients, has been amazing."

"The result is a significant increase in our ability to save lives," said Capt. Peter F. O'Connor, Medical Service Corps, Fleet Hospital 3 commanding officer. "The sooner our forces receive the robust care available here at a Fleet Hospital, the better their chances."

FH-3 is a 9-acre, 116-bed facility, which is manned by more than 300 medical service support and construction battalion personnel from around the nation. The Pensacola, Fla.-based command is an Echelon Three facility.

"Echelon One is the treatment provided in the field by our physicians and corpsmen who travel and risk their lives on the front lines," explained Command Master Chief, Hospital Corpsman Master Chief (FMF/SW) Don L. Nelson. "Without their efforts, our work would be all but impossible."

Even after receiving treatment from a field corpsman, a service member can receive care from an Echelon Two facility known as a Force Service Support Group Surgical Company, but these companies, while mobile and capable of providing vital surgical

capabilities, are not nearly as robust as a fleet hospital.

"When we arrived here in Camp Viper, the folks attached to Charlie Surgical Company, (Force Service Support Group, First Marine Expeditionary Force) were busy receiving patients," said Fleet Hospital 3 Executive Officer, Capt. John S. Gibson, Medical Service Corps, who led the advance party move from Camp Luzon, Kuwait, to Southern Iraq to start construction before the main body arrived two days later. "We all knew they were also getting ready to move forward to keep pace with our forces."

FH-3 went to Iraq with 166 trucking containers filled with more than \$12 million in medical equipment and supplies. Ensuring the availability of that equipment at the end of the supply chain was vital.

Marrying equipment and personnel was not the final phase of fleet hospital construction preparation. Even though fleet hospitals are comprised of people with years of training, FH-3 personnel received specialized training months prior to deployment...in construction.

"Our folks went through more than a week of hands-on training at FHOTC (Fleet Hospital Operations and Training Center) in Camp Pendleton, (Calif.)," said Nelson. "Then we successfully completed a three-day Operational Readiness Exercise (ORE). We had to be sure we were capable of putting the hospital together once we

arrived in country. We are our own construction work force."

After years of planning, training and pre-positioning, there was still one more integral roll to be played to ensure the successful build of FH-3.

"The construction of any fleet hospital would be impossible without construction battalions," said O'Connor. "From the preparation of our initial camp in Kuwait and their driving our equipment through a blinding sand storm in the advance party, to the non-stop, 24-hour days they put in once we arrived in Iraq, our Seabees from CBU (Construction Battalion Unit) 412 and 402 have done a magnificent job."

"Bottom line, this has been a shining example of the definition of teamwork," added O'Connor. "I've said it before to our families, this is the best fleet hospital in the Navy, and I'm proud to be a part of it."

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First Person: Hospital Corpsman 2nd Class Eric
John Horsey

(HM2 (FMF) Eric John Horsey, a 12-year veteran of the Navy's Hospital Corps and a native Beaufortonian is a command Basic EMT Instructor. He is currently deployed in support of Operation Enduring Freedom. These are his words about how Sept. 11th inspired him to

create a special song).

By day, I might be involved in "dressing" simulated trauma victims with fake blood and injuries in crisis response training but by night I am playing guitar and belting out rock songs with my band "Fatt Daddy Johnson" at one of the local clubs.

I've always been interested in music, and admire those who write and sing their own material. I've created words and lyrics for more than 30 songs and I would like to be a lead singer of a recording band in the future. My very first song "Carrots and Peas" is based on a line from the movie Forrest Gump, "we go together like peas and carrots," and is dedicated to my wife Melissa, also a member of the Hospital Corps.

The events of Sept. 11th affected me in a very profound way, and I was able to express my feelings in the way I know best, by writing a song. My inspiration for the words and music to "Let those Colors Fly" came when I wrote it shortly after 9-11. As I was walking out of the Naval Hospital, my son asked me 'What does that flag mean?' Watching my four year old son play in the park that morning, I poured out my thoughts on the back of a napkin. I set the words to music later that night and then presented it to the members of my band. The whole band quickly realized that this was a very special song.

Along with my band's rhythm guitarist, I performed

the song for the first time in public at Naval Hospital Beaufort's tribute to the heroes of Sept. 11th at a colors ceremony on Sept. 11, 2002. The flag used on that day was flown over the Pentagon on Aug. 15, 2002 and sent to the hospital in thanks for the work of Navy Medicine after the attacks. As the flag flew at half-staff, my words rang out "Let those Colors fly, High up in the sky, Let them fly so that the eagle will never be alone, Put them in the air, I want to see them everywhere I go, So I know I'm not alone, I'm always home, Let those Colors fly".

The song's patriotic lyrics were even more meaningful to me on this anniversary of the terrorist attacks. It's what I've always wanted to do with the song.

Interviewed by Patricia Binns, Naval Hospital Beaufort
Public Affairs

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Healthwatch: Take Action to Reduce Your Risk
of Cancer

By Aveline V. Allen, Bureau of Medicine & Surgery

WASHINGTON - April is Cancer Control Month and what better time to educate yourself and your family on how to prevent what can be a fatal disease.

Controlling cancer is a realistic goal for those who suffer with it in this day and age because of recent enhancements made in the cancer research field.

The American Cancer Society (ACS) gives practical, helpful advice on things you can do to possibly prevent cancer from developing.

Smoking and drinking alcohol may contribute to cancer development, so their use should be avoided. Cigarettes, cigars, pipes and smokeless tobacco can cause cancer and should not be used.

"Lung cancer is the leading cause of cancer death in both men and women," said Lt. Cmdr. Vincent Herrin, Medical Corps, oncologist at National Naval Medical Center, Bethesda, Md. "Smoking is known to cause about 80 percent of these deaths, so stopping smoking is probably the most important thing that can be done for cancer control and prevention."

Skin cancer is another controllable cancer. Prevention measures include using sunscreen, staying in the shade when possible, and wearing protective clothing such as a hat and shirt when in the sun.

"Skin cancer, also known as melanoma, rates have skyrocketed in the last few decades, and is more related to pattern of sun exposure than to overall sun exposure," said Herrin. "For example, an office worker who is mostly indoors but has several severe sunburns after a few years of beach vacations is likely at higher

risk than a farmer who has frequent sun exposure but no burns. So, take precautions when in the sun."

The ACS recommends that eating some foods, such as certain fresh fruits and vegetables and whole grains such as pasta and bread, may prevent the onset of cancer. Cutting down on high fat foods may also cut the risk of developing cancer.

Dietary factors and lack of exercise have been linked to about one-third of all cancer-related deaths in adults, according to medical research.

Not only are food and exercise important elements in battling this disease, but also breast self-examinations - for men and women. Breast cancer can be detected and treated early by doing monthly at home breast self-examinations.

"For men, yearly digital rectal exams and a PSA (prostate screening antigens), a blood test, can help detect prostate cancer in the early stages," said Herrin. "This should usually begin around age 50, though younger for African-Americans."

"Cancer is the second leading cause of death in the United States, so prevention and early detection should be a priority for all of us," said Herrin.

Studies show that if found in the early stages, control and treatment are usually more successful for certain types of cancer.

"We truly don't know how much screening helps in

reducing cancer death rates," said Herrin. "This is controversial. It is clear, though, that certain behavior modifications like the ones mentioned above can be key in preventing occurrence of cancer."

For more information, see the ACA web site at www.cancer.org.

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